Massachusetts Department of Environmental Protection - Drinking Water Program **THM**

Total Trihalomethanes Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID: 3213000 **City/Town:** NORTH READING

PWS Name: NORTH READING WATER DEPT PWS Class: COM ☒ NTNC ☐

	DEP Location (LOC)ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	10281	HOOD SCHOOL- HAVERHILL ST.	YES	10/04/16	Mark E. Clark
B	10283	TOWN HALL TAP	YES	10/04/16	Mark E. Clark
C	10300	CLARKE PARK BLDG	YES	10/04/16	Mark E. Clark
D	10301	LINDENMEYER-MUNROE	YES	10/04/16	Mark E. Clark

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If resubmitted Report, list below: (1) Reason for Resubmission	(2) Collection Date of Original Sample
A	☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
B	☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
C	☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
D	☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	

	Sample Notes
A	
B	
C	
D	

II. Analytical Laboratory Information

Primary Lab MA Cert.#: MA072 **Primary Lab Name:** New England ChromaChem **Subcontracted? (Y/N)** N

Analysis Lab MA Cert #: MA072 **Analysis Lab Name:** New England ChromaChem

Contaminant	MCL µg/L	MDL µg/L	Results[1] µg/L A	B	C	D
Total THMs	80	----------	47.4	36.1	39.5	48.1
Bromoform		0.5	1.75	1.29	ND	ND
Chloroform		0.5	21.1	15.4	20.7	33.7
Bromodichloromethane		0.5	14.2	11.2	12.9	10.8
Dibromochloromethane		0.5	10.3	8.22	5.93	3.62
Lab Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date Extracted (551.1 only)						
Date Analyzed			10/05/16	10/05/16	10/05/16	10/05/16
Lab Sample ID#			**610034**	**610035**	**610036**	**610037**
Surrogate #1: 4-bromofluorobenzene		%	106	106	103	102
Surrogate #2: 1,2-dichlorobenzene-d4		%	101	104	101	105

[1] Report result as a number greater than 0 or ND(not a <MDL value)

	LAB SAMPLE NOTES
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: Bruce R. Bow

Date: 10/06/16

If not submitting these results electronically, mail TWO copies of this report to DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP Review Status (Initial and Date)	Review Comments		☐ WQTS Date Entered
☐ Accepted_____ ☐ Disapproved _____			